

# Kentucky's Balancing Incentive Program Application

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*Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Office of Health Policy & Department for Medicaid Services*

October 24, 2013

Jennifer Burnett  
Centers for Medicare & Medicaid Services  
Disabled and Elderly Health Programs Group  
7500 Security Boulevard  
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Baltimore, MD 21244-1850

Dear Ms. Burnett:

On behalf of the Department for Medicaid Services (DMS), I am pleased to endorse the Office of Health Policy's (OHPs) application as the designated lead agency for the Balancing Incentive Program (BIP) offered by the Centers for Medicare and Medicaid Services. The amount of requested funding for the program is \$25,579,577 based on projected total Community Based-Long Term Services and Supports (CB-LTSS) from January 1, 2014 through September 30, 2015.

Kentucky looks forward to building upon the infrastructure of the state run Health Benefits Exchange by adding a No Wrong Door/Single Entry Point System, an informative website about CB-LTSS options, an initial assessment, and Core Standardized Assessment Instruments. Additionally, Conflict-Free Case Management will be added to the Home and Community Based services waiver.

The application summarizes the comprehensive approach to achieve balance to the Kentucky's long-term care system thereby surpassing the 50% benchmark for community based services. Carla Crane will serve as the Principal Investigator and contact person for the initiative and her contact information is as follows:

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We will work closely with OHP and designated stakeholders to increase access and funding toward CB-LTSS. Thank you for the favorable consideration of this request.

Sincerely,

Lawrence Kissner, Commissioner  
Department for Medicaid Services

LK/km/kl

cc: Carla Crane, Ph.D.  
OHP

Emily Parento, Executive Director  
OHP

Mary Begley, Commissioner  
BHDID

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## Abstract

Kentucky is progressing toward rebalancing its Long Term Services and Supports (LTSS) by focusing on Community Based (CB) options through better access and expansion of services. Given that the Commonwealth has initiated a state-run Kentucky Health Benefits Exchange (KHBE), “Kynect”, it is perfect timing to add a Level I Screening and Core Standardized Assessment (CSA) to the system. As such, Kentucky has secured a contract with Deloitte Consulting to implement an Eligibility and Enrollment (E&E) and a Plan Maintenance and Billing (PMB) system to address the Affordable Care Act (ACA) mandated requirements for Modified Adjusted Gross Income (MAGI) Medicaid and other insurance affordability programs.

In planning for the KHBE, the Cabinet for Health and Family Services (the Cabinet) envisions creating a foundation for and No Wrong Door/Single Entry Point (NWD/SEP), Information and Referral (I&R) eligibility and enrollment system that is scalable to support additional Community Based-Long Term Care Services and Supports (CB-LTSS) programs in the future. The design and architecture of E&E poses an unprecedented opportunity for the Commonwealth to better serve the citizens of Kentucky by enhancing E&E to integrate the existing disparate eligibility systems.

According to data provided by the Centers for Medicare and Medicaid Services (CMS), Kentucky’s Department for Medicaid Services spent 31.1% on community based services in 2009, thereby establishing potential eligibility for 2% enhanced Federal Medical Assistance Percentages (FMAP) through the Balancing Incentive Program (BIP). Kentucky is proposing to further demonstrate the commitment to focus on community based services by developing the following structural features as described within the ACA legislation: No Wrong Door/Single Entry point (NWD/SEP), Conflict-Free Case Management services, and Core Standardized Assessment (CSA) instruments in order to formally qualify for the enhanced FMAP. The progress toward the achievement of these milestones will be reported to CMS through a semi-annual reporting process as prescribed within the Implementation Manual. Based on projections (Attachment C), the 2% enhanced match from January 1, 2014 through September 30, 2015 is estimated to be \$25,579,577.

## Kentucky's Balancing Incentive Program

According to the "Percentage of Long Term Services and Supports (LTSS) Spending for Home and Community Based Services FFY 2009 Data", provided by the Centers for Medicare and Medicaid Services (CMS), Kentucky's Department for Medicaid Services spent 31.1% on community based services, thereby establishing potential eligibility for 2% enhanced Federal Medical Assistance Percentages (FMAP) through the Balancing Incentive Program (BIP). Kentucky is proposing to further demonstrate the commitment to focus on community based services by developing the following structural features as described within the Affordable Care Act (ACA) legislation: No Wrong Door/Single Entry point (NWD/SEP), Conflict-Free Case Management services, and Core Standardized Assessment (CSA) instruments in order to formally qualify for the enhanced FMAP. The progress toward the achievement of these milestones will be reported to CMS through a semi-annual reporting process as prescribed within the Implementation Manual.

### Section A. Understanding of BIP Objectives

Kentucky fully understands the individual, program, and systems level needs to improve the balance of LTSS by enhancing home and community based services and ensuring continued compliance with the 1999 Supreme Court Decision, *Olmstead v. L.C.*, 527 U.S. 581, 119 S.Ct. 2176. Building upon Kentucky's *Olmstead* Compliance Plan, Kentucky currently administers six (6) Home and Community Based (HCB) waivers collectively serving over 21,150 persons who would otherwise meet criteria to reside in an institutional setting.

By designation of Kentucky's Department for Medicaid Services (DMS), the Office of Health Policy (OHP) will lead the BIP initiatives bridging communication and implementation across the Cabinet for Health and Family Services (the Cabinet). Additional collaborating departments include Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) and Department for Aging and Independent Living (DAIL). OHP will also take lead on updating the Kentucky's *Olmstead* Compliance Plan by the end of Calendar Year 2013.

In recent years, the Cabinet coordinated several initiatives to improve the balance of LTSS, by: enhancing community-based service options for children and adults through increased caps within the Supports for Community Living waiver, developing new waivers, (Michelle P, Acquired Brain Injury (ABI), and ABI Long Term Care), implementing Money Follows the Person demonstration, and increasing funding for home delivered meals in the midst of significant state-wide budget cuts. OHP plans to coordinate efforts across the Cabinet to achieve the three primary goals of the BIP: NWD/SEP, Conflict-Free Case Management, and CSA. Kentucky also understands a comprehensive work plan will be required and submitted six months after this application is submitted. Considering additional initiatives provided throughout the

application, coupled with the three goals of BIP, Kentucky is in prime position to tip the balance of expenditures toward Community Based (CB)-LTSS.

## **Section B. Current System's Strengths and Challenges**

The Cabinet serves as the single agency for both facility-based and community services and coordinates policies and budgets to promote options across the continuum.

Various departments within the Cabinet administer both Medicaid and non-Medicaid funded programs that collectively address the needs of individuals who are aging, have physical disabilities, brain injury, neurological disorders, and Alzheimer's Disease and related disorders. Significant partners include various stakeholder groups, Department of Education, Kentucky Housing Corporation, Office of Vocational Rehabilitation, and Department of Corrections.

At the local level, various programs and corresponding administrative agencies have historically administered services specific to population groups. Local agencies include the Area Agencies on Aging and Independent Living (AAAIL), Regional Mental Health and Intellectual Disability Boards/Community Mental Health Centers (CMHCs), Public Health Departments, Department for Community Based Services (DCBS), and Public Schools.

Many significant changes have occurred throughout the system of care during the past few years and there are more proposed changes in the near future. In recent years, Medicaid Managed Care has been expanded from a sixteen-county program to statewide (120 counties), and Kentucky's state-run Health Benefits Exchange launched "Kynect" as the website portal for insurance enrollment on October 1, 2013. Expansion within the Governor's Office of Health Information Exchange (GOHIE) has provided an opportunity for a significant increase of electronic personal health records to support "Meaningful Use" of health outcome information across the Commonwealth. Governor Steve Beshear recently announced Medicaid coverage expansion that is expected to result in an anticipated 640,000 individuals qualifying for coverage. Because of the significant increase of benefits related to behavioral health parity within the ACA, coupled with the projections of individuals who will be eligible for health insurance, DMS has announced readiness to directly contract with public and private providers in addition to the CMHC network.

More specific to the BIP application, upcoming changes include the addition of a Level I Screen and CSA to the Kynect site that will also serve as a NWD/SEP, increase in funding for the Home and Community Based (HCB) waiver coupled with expansion of services within the waiver to include home delivered meals and conflict free case management.

The majority of individuals living in their community receive services through one of six (6) HCB waivers: ABI, ABI-Long Term Care (LTC), HCB, Michelle P., Model II, and

Supports for Community Living (SCL). The waivers are administered by various Departments (Table 1.) within the Cabinet and all waivers offer a Consumer Directed Option (CDO) component for non-medical, non-residential services, with the exception of Model II.

**Table 1. Structure of HCB Medicaid Waiver Administration in Kentucky.**

<b>Waiver</b>	<b>Administrating Agency</b>	<b>Description</b>	<b>Average Monthly Enrollment (FY 2013)</b>
ABI	DMS DAIL*	Short-term, intensive supports for those with an ABI (Adults)	166
ABI-LTC	DMS DAIL*	Long-term supports for those with an ABI (Adults)	211
HCB	DMS DAIL*	Primarily In-Home and some Community Based Services targeted to Individuals who are Elderly and/or Disabled (All Ages)	9,419
Michelle P.	DMS DBHDID	Non-residential, Community Living and Education Supports for individuals with a developmental or intellectual disability (All Ages)	7,545
Model II	DMS	In-Home Ventilator Supports for individuals who are dependent for 12 hours or more per day (All Ages)	53
SCL	DMS DBHDID	Residential, Adult Day and Non-Residential community supports for individuals with a developmental and intellectual disability (All Ages)	3,768

\*NOTE: DAIL is contractually responsible for administering and monitoring the CDO component of each waiver where indicated.

**ABI.** The ABI waiver is a community program for rehabilitation and training during a period of transition for adults (aged 21-65) who also meet nursing facility level of care, are Medicaid eligible and demonstrate the potential to progress. The goal of the program is to rehabilitate and reintegrate individuals with an ABI into the community with an emphasis on improving or restoring an individual's functioning. This intensive rehabilitation program offers the following services: case management, behavior programming, companion services, community residential services, counseling, occupational therapy, personal care, respite, speech/hearing/language services, structured day program, supported employment, specialized medical equipment and supplies, and environmental modifications. Providers of services include CMHCs and public and private agencies across the state. The ABI waiver requires conflict-free case management.

**ABI-LTC.** The ABI-LTC waiver is designed to serve individuals at least 18 years of age, with an ABI who have reached a plateau in their rehabilitation goals and in need of services and long term supports to live safely in the community. Services within the



waiver include: case management, community living supports, respite, adult day health care, adult day training, environmental modifications, behavior programming, counseling, group counseling, specialized medical equipment and supplies, supported employment, occupational therapy, speech therapy, nursing supports, family training, physical therapy, and supervised residential care. Providers of services include CMHCs and public and private agencies across the state. The ABI-LTC waiver requires conflict-free case management.

*HCB.* Among the Medicaid waivers in Kentucky, HCB provides services to the largest portion of persons and there is no waiting list. The program allows persons who are physically disabled and/or those aged 65+, who meet nursing facility level of care, to remain living at home and in the community. Services offered under this waiver include the following: case management, homemaker services, personal care, attendant care, adult day health, respite, and minor home adaptations. HCB providers include AAAIL and public and private agencies across the state. The HCB waiver does not currently require conflict-free case management.

*Michelle P.* The Michelle P. waiver became active in 2008 in response to a class action lawsuit requiring the State to provide services to persons with an Intellectual or Developmental Disability in a reasonably prompt manner and in an integrated community setting. Services include case management, adult day training, supported employment, community living supports, behavior supports, occupational therapy, physical therapy, speech therapy, respite, homemaker services, personal care, attendant care, environmental/minor home adaptation, and adult day health care. Many individuals who were on the SCL waiting list are now being served through the Michelle P. waiver. Michelle P. providers include CMHCs and public and private agencies across the state. Only a CMHC may complete the assessment and re-assessment and the Michelle P. waiver requires conflict-free case management.

*Model II.* The Model II is a Nursing and Respiratory Services waiver available to a person of any age who is dependent upon a ventilator for twelve hours, or greater, per day. Services include respiratory care and private duty nursing. Home Health or private duty nursing agencies provide the services within the waiver which includes skilled nursing and respiratory therapy. The Model II waiver does not include case management.

*SCL.* The SCL waiver program provides services to individuals with an Intellectual or Developmental Disability with cognitive deficits who meet Intermediate Care Facility for the Intellectually or Developmentally Disabled (ICF/IDD) or nursing facility level of care. Services include adult day training, behavioral supports, case management, children's day habilitation, community living supports, occupational therapy, physical therapy, psychological services, residential support services, respite, specialized medical equipment and supplies, speech therapy, and supported employment. There is currently a waiting list for services and supports and an application will allow for

inclusion on the waiting list. Individuals are served in chronological order as funding becomes available. SCL providers include CMHCs, AAAIL (if enrolled with an AAAIL prior to 2008) and public and private agencies across the state. The SCL waiver requires conflict-free case management.

*Medical Transportation.* Medicaid covers non-emergency medical transportation to and from a Medicaid-covered service for members who do not have access to free transportation. For transportation outside of a member's medical service area or for specialty care, a referral from a member's primary care physician is required. Travel to pharmacies is not covered. The non-emergency Medical transportation services are available through the Human Services Transportation Delivery program, which is a regional brokerage system. Depending on a member's medical needs, transportation is provided by taxi, van, bus or public transit and wheelchair services is also provided if required by medical necessity. Kentucky spends approximately \$50M annually on non-emergency Medical Transportation.

*Money Follows the Person (MFP) Demonstration/Kentucky Transitions.* While Kentucky fully understands the MFP demonstration (referred to as Kentucky Transitions) is already matched at an enhanced rate and therefore not a part of the BIP, it is important to note the continued efforts to reduce institutionalization through Kentucky Transitions.

Strengths of the various waivers include the capacity to provide services to a diverse population across age groups, consistent oversight by the same Division within DMS, and the upcoming, streamlined changes related to Kynect. Weaknesses include the use of one core standardized assessment (MAP 351 Assessment Form that does not adequately facilitate the collection of information across population that is relevant to a child versus an adult, nor between specific disabilities, when considering activities of daily living (ADL) and instrumental activities of daily living (IADL).

Access through various NWD/SEP/Information and Referral (I&R) points are diverse and significantly overlap while eligibility determination and case management processes are fairly consistent. Following is a summary of the strengths and challenges of I&R, eligibility determination, and case management. The current Medicaid waiver program is supported using a combination of paper processes, email, spreadsheets, and a variety of databases. The nature of these processes is cumbersome, inefficient, and duplicative and presents the opportunity for numerous errors and data integrity issues. Many of these processes are also manual; thus it is very difficult to track health and safety trends or provide the necessary reports required by the CMS.

## **Information and Referral (I&R)**

Access points for I&R regarding CB-LTSS vary depending upon the need of the individual and/or their families and the delivery system providing the information. The

Departments within the Cabinet provide State and local contact information, brochures, county level links, LTSS descriptions, toll free numbers, and website links. Annually, during the State Fair, booths are staffed by Cabinet employees reaching thousands of individuals (roughly 15,000 Kynect tote bags were handed out this year during the 7 day event). Other events include Cabinet staff and information being available at minor league baseball games and community forums. Kynect will continue to be consistently visible within the community and through media as enrollment periods fluctuate and the waivers are added to the website. Other initiatives include information provided through the State Health Insurance Assistance Program and the planned expansion of the State level Aging and Disability Resource Center detailed in Section C.

At the local level, agencies are required to mirror outreach activities of the Cabinet. Given that traditionally, only the local DCBS offices provided assistance with Medicaid enrollment, their agencies provide a considerable amount of I&R in partnership with the local AAAIL/ADRC/SHIP and DBHDID networks. Through contracts between local agencies and Kynect at the local level, knowledge about I&R will continue to increase.

### Eligibility Determination

Prior to the implementation of Kynect, Medicaid eligibility was determined solely by local (county based) DCBS. Now that Kynect has been implemented, the Exchange has entered into contract agreements with the following state agencies: Department for Public Health, Commission for Children with Special Health Care Needs, DBHID, and DCBS. These Departments will in turn, subcontract with their respective regional agencies to provide information at the local level in addition to State level assistance. Moreover, two requests for proposals have been accepted between the Exchange and one AAAIL and Community Action Kentucky. Responses to requests for proposals continued to be reviewed.

After Medicaid coverage is secured and a physician recommends a waiver utilizing the MAP 10 form the MAP 351 form is completed by a Case Manager (or Support Broker if choosing Consumer Directed Options) and a nurse. The application is then forwarded to *Carewise Health*, the current Quality Improvement Organization of DMS. Once approved, Prior Authorizations for services are then mailed to each stakeholder. Ongoing eligibility (Level of Care) for individuals in each waiver is re-determined annually, with the exception of Model II, which requires eligibility reviews every six (6) months. When an application is denied, a notification of appeal procedures is provided to the consumer.

### Case Management

Conflict-free case management is provided in each waiver with the exception of HCB and Model II. DAIL has received approval from the Cabinet to revise the HCB waiver, under CMS guidance and approval, to require conflict-free case management. Additional proposed HCB waiver changes include case management reimbursement

rates equating to levels of care, independent (conflict-free) assessment requirements, a new provision of home-delivered meals, more flexible in-home supports, and an increase in home modifications allowance.

## **Section C. NWD/SEP Agency Partners and Roles**

*Kynect.* Staff who are assigned to the Health Benefits Exchange (HBE) will become familiar with CB-LTSS as they evolve and move past the initial enrollment beginning January 1, 2014. As the Level I Screening and CSA are added to the website, staff will become more familiar with options of CB-LTSS through an electronic process. At the local level, agencies will host enrollment assistance within offices, out in the community, and within homes.

*Aging and Disability Resource Centers (ADRC).* The AAAIL administer the Aging and Disability Resource Centers (ADRCs) at the local level and are required to have a toll-free phone number. The ADRCs are well versed in community based options for appropriate I&R. Additionally, they have been designated by DMS as the Local Contact Agency for referrals from nursing homes after the significant revisions to Section Q of the minimum dataset/Resident Assessment Instrument to consistently provide CB-LTSS discharge planners, nursing homes residents and their families in a timely manner. In September 2013, DAIL received an ADRC grant (\$184,000) from ACL in which specific objectives are to: 1) Develop a NWD/ADRC State-level web portal and toll-free hotline with regional, geo-mapped, roll-over capacity to the ADRC regions; 2) Develop a permanent funding mechanism for options counseling/I&R through the provision of administrative match dollars with DMS; and, 3) Adopt the tiered readiness assessment used by the Technical Assistance Exchange to compare and continuously measure both state and regional ADRC I&R fidelity and capacity. The ADRC network is now in a position to provide true I&R services with fidelity to the ACL model as the Medicaid system is becoming more easily accessible.

*Community Mental Health Centers.* CMHCs are also well versed in I&R at the local level and also have an agreement with Kynect to adhere to their standards of operability. Since DMS has announced its intention to open the network to private and public agencies in addition to the traditional service delivery of the CMHC system, more education and coordination will need to occur to ensure individuals and their families are receiving adequate and timely information.

*Department for Community Based Services.* As previously mentioned, the local DCBS offices have been the sole entry point into the Medicaid system; however, with the development of Kynect, many more users will have access to a streamlined Medicaid determination system. Regardless, DCBS will remain a user of the Kynect system and will continue to function as a NWD/SEP agency.

## **Section D. NWD/SEP Person Flow**

Currently, the same paper-based assessment tool is used for each population group and all ages within the waivers; however, a review is underway to determine if there are existing tools in the public domain, with suitable psychometric properties, that would prove to be more appropriate per age group and disability. The Core Standardized Assessment (CSA) Implementation Guidance will be used to complete the core dataset crosswalk for each waiver assessment in order to meet the BIP requirements tied to uniformity across populations and geography. Activities will also include the 1) implementation of a Level I screening process; 2) systematic determination of CB-LTSS eligibility; 3) identification of individual support needs; 4) use of information to inform a service and support plan; and 5) the capture of uniform core data elements.

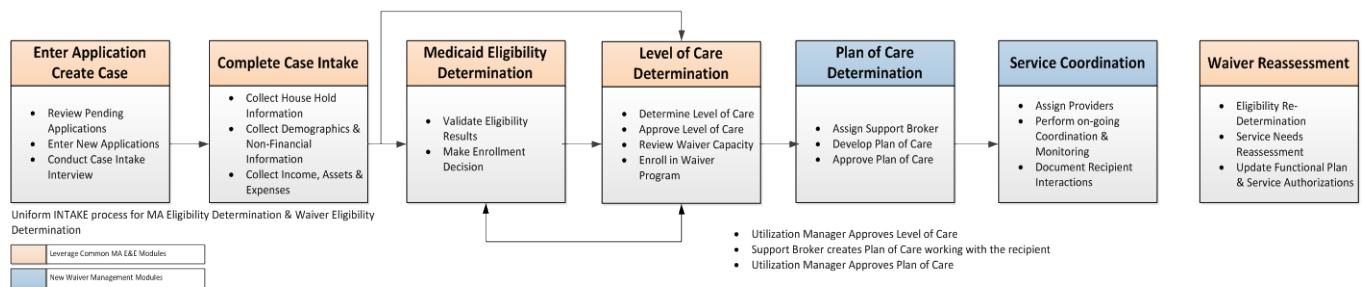
As indicated above, the Medicaid determination has traditionally had one point of access at the DCBS local level, and the limited access was cumbersome, especially to the elderly, who may have had to visit multiple times and experience long wait times. The multiple NWD/SEP agencies identified in Section C will strengthen the person flow through the system as Medicaid eligibility will be seamless along with I&R to appropriate CB-LTSS. For Medicaid eligibility, applicants will need to have their tax returns and W2 statements. For waiver determination, applicants will need their medical history, diagnoses, and be able to explain their level of functioning. Enrollment may occur over the phone, internet, person-to-person in the home, or office setting.

## **Section E. NWD/SEP Data Flow**

Deloitte Consulting's scope of work for the Kentucky Health Benefits Exchange KHBE project includes the implementation of an Eligibility and Enrollment (E&E) and a Plan Maintenance and Billing (PMB) System in distinct releases. The project includes multiple system releases to address the ACA mandated requirements for Modified Adjusted Gross Income (MAGI) Medicaid and other insurance affordability programs.

In planning for the KHBE, the Cabinet envisions creating a foundation for an eligibility and enrollment system that is scalable to support additional health and human services programs in the future. The design and architecture of E&E poses an unprecedented opportunity for the Commonwealth to better serve the citizens of Kentucky by enhancing E&E to integrate the existing disparate eligibility systems.

As such, the Commonwealth has initiated the Medicaid Waiver Management project with the goal of establishing a Waiver Case Management (WCM) system that provides intake, assessment, eligibility determination, case management and reporting functionalities that will allow CHFS to effectively manage the waiver programs using an integrated, person-centric approach to service delivery. The following diagram represents a vision for how E&E core case management functions may be leveraged with slight enhancements using a waiver case management system:



The Waiver Case Management capabilities will be implemented in three distinct phases, Release 4A, Release 5, and Release 6.

- Release 4A, for waiver management implementation entails implementing a transfer solution from Pennsylvania's Department of Public Welfare. Implementation will also include interfaces with the Commonwealth's Security Solution, Kentucky Online Gateway (KOG) and the Master Data Management (MDM).
- Release 5 will provide further integration of the Waiver Case Management system with the E&E Self Service Portal and the Worker Portal. The E&E application will match responses against the eligibility criteria for the KY Waiver(s) programs and either perform a "review" or make a final "determination" regarding waiver eligibility – which would in many instances translate into Medicaid eligibility (with the E&E system maintaining the single data file for all eligibility types). If the "review" or "determination" indicates that an individual is eligible for waiver services, a transaction will be sent to *Carewise Health* within the Kentucky Medicaid Management Information System (KYMMIS) to create a waiver "file" in which program staff will manage the individual according to waiver criteria and authorize payment for services under the waiver benefit.
- Release 6 will provide interfaces between the new Medicaid Enterprise Management System (MEMS) and the WCM/E&E system to exchange the provider, service plan information and waiver eligibility information

## Section F. Potential Automation of Initial Assessment

Kentucky launched Kynect as the State-run health information exchange portal on October 1, 2013. Along with the health benefits information, it is within the capacity of the on-line system to determine Medicaid eligibility; therefore, it will be a "natural fit" to add an automated initial assessment for CB-LTSS and continue building upon the data platform.

## Section G. Potential Automation of CSA

Kentucky is currently re-evaluating the use of the MAP 351 Assessment to become less of an application form and more of an individualized assessment per population group



and age. Communication between the stakeholder Departments and Kentucky's Office of Assistive Technology will remain open so that commonalities of data fields will remain consistent across each assessment to reduce duplication and increase reporting capability.

## **Section H. Incorporation of a CSA in the Eligibility Determination Process**

Assessments are completed face to face, within the consumer's home. Currently, providers use a single CSA for CB-LTSS populations for each waiver and submit it via fax to DMS' contracted Quality improvement Organization, *Carewise Health*. Kentucky is exploring the implementation of a revised assessment per waiver, and will vet any changes through technical assistance with CMS.

## **Section I. Staff Qualifications and Training**

It is early in the process for reviewing existing, empirically tested assessments; therefore, Kentucky has not yet considered required staff qualifications as the level of skillset is most likely to be defined by the literature. The State will continue to discuss considerations related to staff qualifications and training for administering the functional assessment in partnership with stakeholders and CMS technical assistance.

## **Section J. Location of SEP Agencies**

Kentucky has in place a statewide network of locations that serve as SEP agencies including local AAAIL, CMHS and Public Health. Roughly 100% will be accessible as agencies conduct assessments in person, within the home. Otherwise, all agencies meet compliance for accessibility.

## **Section K. Outreach and Advertising**

Kentucky will continue to use a variety of outreach and advertising activities in tandem with Kynect enrollment, SHIP, and ADRC including but not limited to, public service announcements, fairs, radio, and print. As Kynect becomes developed to include waiver applications, it will become more systematically advertised as part of the NWD/SEP system.

## **Section L. Funding Plan**

Kentucky is fully aware financial investments will need to be made to meet the requirements of BIP and move closer to balancing expenditures within CB-LTSS. Expected expenses include the resources to expand the capacity of the Kynect portal to include a Level I Screening and CSA. The existing marketing and advertising plan for Kynect would also need to be expanded.

As previously stated, Kentucky has secured an ADRC grant through ACL to accomplish some of the requirements. Additionally, Kentucky has submitted an application for a Planning and Demonstration Grant for Testing Experience and Functional Tools (TEFT) in CCB-LTSS through CMS. Kentucky will continue to evaluate funding opportunities to accomplish the BIP goals.

### **Section M. Challenges that Might Present Barriers to Rebalancing**

Challenges that might present barriers to rebalancing include a few “unknowns” related to prioritizing staff time and staff capacity to focus on the goals of the BIP while also charting new territories such as the Health Benefits Exchange, HCB waiver revisions, Medicaid expansion, and behavioral health expansion of the provider network. As indicated by a recent study conducted by Deloitte Consulting, *The Commonwealth of Kentucky: Health Care Workforce Capacity Report*, the capacity of the healthcare system in Kentucky is already stressed and data across licensure boards are inconsistently collected. OHP has taken lead on meeting with various boards facilitating discussions about consistent data collection and recruitment of needed professions to better address and monitor capacity. OHP has also taken lead on exploring the increased use of tele-health within Kentucky and exploring barriers thereof.

### **Section N. NWD/SEP’s Effect on Rebalancing**

Nationally, as within Kentucky, the requirements of the ACA have elevated the importance of a seamless user flow for accurate I&R and access to the CB-LTSS. The multiple designations of entry portals through various agencies and means should serve to divert individuals away from unnecessary institutional care. The Kynect portal will allow for immediate information concerning waiver options and reduce the time between Medicaid determination, I&R, and waiver eligibility. The requirements of the BIP provide a framework for strengthening rebalancing efforts in Kentucky.

### **Section O. Other Balancing Initiatives**

Kentucky is pursuing a number of initiatives that influence balancing toward CB-LTSS that include Medicaid expansion for adults and children, State-run Health Benefits Exchange (Kynect), revision of the Olmstead Compliance Plan, application for CMS Planning and Demonstration Grant for Testing Experience and Functional Tools (TEFT) in CB-LTSS, and expansion of the HCB waiver to better meet the needs of individuals who are elderly and/or disabled. Future balancing initiatives may include the development of Medicaid Health Homes.

### **Section P. Technical Assistance**

In comparison to other 16 participating States, Kentucky is late in joining the BIP; however, this places the State in a unique position to learn from others through routine consultation with CMS. Kentucky has demonstrated openness to technical assistance



prior to submitting a BIP application through email and conference call. Kentucky will continue routine communication and consultation from CMS as deemed necessary by either party to monitor program deliverables and demonstrate innovative ways to employ the 2% enhanced match.

### **Potential Reinvestment of the BIP Enhanced Match Rate**

As stated above, Kentucky will request technical assistance to ensure the 2% enhanced match will be spent appropriately while also considering efficiencies for accomplishing the goals of BIP. Pending upon CMS approval and continued consultation with DMS, potential reinvestment may include, but will not be limited to, the following:

- Addition of waiver slots or service expansion
- Establishment of a NWD/SEP system
- Marketing and Advertising of the Kynect system once the waivers are added
- Service expansion revisions of the HCB waiver (addition of conflict-free case management, addition of home delivered meals, revision of service categories to allow more flexibility, and revisions of home modification allowances) to target and serve more individuals.
- Administrative support for contract service

## Attachment A (BIP Payments)

DEPARTMENT OF HEALTH & HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) BENCHMARK TRACKER

LONG TERM SERVICES AND SUPPORTS

State	Kentucky		State FMAP Rate	30.17%				
Agency Name	Office of Health Policy		Extra Balancing Incentive Program Portion (2 or 5 %)	2.00%				
Quarter Ended								
Year of Service (1-4)	FFY 2014 - FFY 2015	INSTRUCTIONS: PLEASE COMPLETE ONLY THE NON-SHADED CELLS - BLUE CELLS WILL AUTO-CALCULATE.						
<b>Projected LTSS Spending</b>								
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2012	Year 2 FFY 2013	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
<b>12. Home Health Services</b>								
Total	\$ 171,356,510	\$ 51,698,259	\$ 119,658,251	\$ 3,427,130	\$ 49,935,814	\$ 43,422,610	\$ 45,106,891	\$ 32,891,195
<b>19A. HCB Waivers</b>								
Total	\$ 2,431,098,384	\$ 733,462,382	\$ 1,697,636,001	\$ 48,621,968	\$ 520,434,980	\$ 573,468,315	\$ 639,888,610	\$ 697,306,478
<b>24A. Targeted Case Management</b>								
Total	\$ 107,859,416	\$ 32,541,186	\$ 75,318,230	\$ 2,157,188	\$ 39,967,607	\$ 27,335,383	\$ 22,087,527	\$ 18,468,899
<b>24B. Case Management State Wide</b>								
Total	\$ 6,575,711	\$ 1,983,892	\$ 4,591,819	\$ 131,514	\$ 6,575,711	-	-	-

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2012	Year 2 FFY 2013	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
<b>40. Rehabilitative Services (non-school based)</b>								
Total	\$ 8,558	\$ 2,582	\$ 5,976	\$ 171	\$ 7,939	\$ 619	\$ -	\$ -
<b>41. Private Duty Nursing</b>								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2012	Year 2 FFY 2013	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2012	Year 2 FFY 2013	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Service 2								
Service 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Money Follows the Person*								
Total		\$ -	\$ -		\$ 7,842,898	\$ 4,670,567	\$ 5,000,000	\$ 5,000,000
<b>TOTALS*</b>	<b>\$ 2,716,898,579</b>	<b>\$ 819,688,301</b>	<b>\$ 1,897,210,278</b>	<b>\$ 54,337,972</b>	<b>\$ 624,764,949</b>	<b>\$ 648,897,495</b>	<b>\$ 712,083,029</b>	<b>\$ 753,666,572</b>

\*MFP does not receive enhanced FMAP through BIP, but the expenditures do count towards the state's target spending of 50% or 25%.

\*Total for Federal and State share for MFP reflect regular state share; does not calculate MFP enhanced FMAP.

## ATTACHMENT B TABLE TEMPLATE

*\*Please replace the number of months with an actual date.*

### GENERAL NWD/SEP STRUCTURE

1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
1.1. Develop standardized informational materials that NWD/SEPs provide to individuals	March 2014	BIP Coordinator & Stakeholders	Not Started	Informational materials
1.2. Train all participating agencies/staff on eligibility determination and enrollment processes	June 2015	TBD	Not Started	Training agenda and schedule

2. A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. *(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time to put into place.)*

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
2.1. Design system (initial overview)	November 2013	OATS Program Manager	Complete	Description of the system
2.2. Design system (final detailed design)	June 2014	OATS Program Manager	In Process	Detailed technical specifications of system
2.3. Select vendor (if automated)	November 2014	OATS Assistant Director, Shari Randle	Complete	Vendor name and qualifications
2.4. Implement and test system	June 2015	OATS Program Manager	Not Complete	Description of pilot roll-out
2.5. System goes live	September 2015	OATS Executive Director,	Not Complete	Memo indicating system is fully

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
2.6. System updates	Semiannual after September 2015	OATS Program Manager	Not Ready	operational Description of successes and challenges

## NWD/SEP

### 3. [State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
3.1. Identify the Operating Agency	November 2013	BIP Coordinator	Complete	Name of Operating Agency
3.2. Identify the NWD/SEPs	November 2013	BIP Coordinator	Complete	List of NWD/SEP entities and locations
3.3. Develop and implement a Memorandum of Understanding (MOU) across agencies	March 2014	BIP Coordinator	Not Started	Signed MOU

### 4. [NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
4.1. Identify service shed coverage of all NWD/SEPs	March 2014	BIP Coordinator	In Process	Percentage of State population covered by NWD/SEPs
4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	August 2015	BIP Coordinator	Not Complete	Description of NWD/SEP features that promote accessibility

## WEBSITE

5. The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
5.1. Identify or develop URL	November 2013	HBE Executive Director, Carrie Banahan	Complete	URL: <a href="http://www.kynect.ky.gov">www.kynect.ky.gov</a>
5.2. Develop and incorporate content	June 2014	OATS Program Manager	Partially Complete	Working URL with content completed
5.3. Incorporate the Level I screen into the website (recommended, not required)	June 2015	OATS Program Manager	TBD	Working URL of Level I screen and instructions for completion

## 1-800 NUMBER

6. Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
6.1. Contract 1-800 number service	June 2014	OATS Assistant Director	Partially Complete	Phone number 1-855-4kynect (459-6328)
6.2. Train staff on answering phones, providing information, and conducting the Level I screen	June 2014	TBD	Not Started	Training materials



## ADVERTISING

### 7. State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
7.1. Develop advertising plan	March 2014	TBD	Not Started	Advertising plan
7.2. Implement advertising plan	June 2014	TBD	Not Started	Materials associated with advertising plan

## CSA/CDS

### 8. A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (a Core Data Set of required domains and topics).

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
8.1. Develop questions for the Level I screen	June 2014	BIP Coordinator	Not Started	Level I screening questions
8.2. Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State’s current assessments include required domains and topics	0 months (submit with Work Plan)	BIP Coordinator (with Stakeholders)	Not Started	Completed crosswalk(s)
8.3. Incorporate additional domains and topics if necessary ( <i>stakeholder involvement is highly recommended</i> )	June 2014	BIP Coordinator	Not Started	Final Level II assessment(s); notes from meetings involving stakeholder input
8.4. Train staff members at NWD/SEPs to coordinate the CSA	November 2014	TBD	Not Started	Training materials
8.5. Identify qualified personnel to conduct the CSA	November 2014	TBD	Not Started	List of entities contracted to conduct the various components of the CSA
8.6. Regular updates	Semiannual after November 2014	BIP Coordinator	Not Started	Description of success and challenges

## CONFLICT-FREE CASE MANAGEMENT

9. [States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
9.1. Describe current case management system, including conflict-free policies and areas of potential conflict	November 2013	BIP Coordinator	Complete	Strengths and weaknesses of existing case management system
9.2. Establish protocol for removing conflict of interest	August 2014	Marnie Mountjoy (DAIL) for HCB waiver only	In Process	Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies

## DATA COLLECTION AND REPORTING

10. [States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
10.1. Identify data collection protocol for <i>service data</i>	0 months (submit with Work Plan)	Robin Rhea	TBD with CMS Assistance	Measures, data collection instruments, and data collection protocol
10.2. Identify data collection protocol for <i>quality data</i>	0 months (submit with Work Plan)	Robin Rhea	TBD with CMS Assistance	Measures, data collection instruments, and data collection protocol
10.3. Identify data collection protocol for <i>outcome measures</i>	0 months (submit with Work Plan)	Robin Rhea	TBD with CMS Assistance	Measures, data collection instruments, and data collection protocol
10.4. Report updates to data collection protocol and instances of <i>service data</i> collection	Semiannual**	TBD	Not Started	Document describing when data were collected during previous 6-month period, plus updates to protocol

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
10.5. Report updates to data collection protocol and instances of <i>quality data</i> collection	Semiannual**	TBD	Not Started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.6. Report updates to data collection protocol and instances of <i>outcomes measures</i> collection	Semiannual**	TBD	Not Started	Document describing when data were collected during previous 6-month period plus updates to protocol

*\*\* If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.*

## SUSTAINABILITY

### 11. States should identify funding sources that will allow them to build and maintain the required structural changes.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
11.1. Identify funding sources to implement the structural changes	November 2013	BIP Coordinator	Started & Ongoing	Description of funding sources Existing Deloitte Contract ADRC Grant TEFT application State General Fund
11.2. Develop sustainability plan	November 2014	BIP Coordinator	Not Started	Funding sources and estimated annual budget necessary to maintain structural changes after award period ends

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
11.3. Describe the planned usage for the enhanced funding	0 months (submit with Work Plan)	BIP Coordinator	Started & Ongoing	Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding.

## EXCHANGE IT COORDINATION

### 12. [States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
12.1. Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	June 2014	Shari Randle and BIP Coordinator		Description of plan of coordination
12.2. Provide updates on coordination, including the technological infrastructure	Semiannual	BIP Coordinator and BIP Coordinator	Not Started	Description of coordination efforts

Attachment C (Letters of Endorsement)



October 17, 2013

Ms. Jennifer Burnett  
Centers for Medicare & Medicaid Service  
Disabled and Elderly Health Programs Group  
7500 Security Boulevard  
Mail Stop: S2-14-26  
Baltimore, MD 21244-1850

Dear Ms. Burnett:

AARP Kentucky strongly supports the Department's application for the Balancing Incentive Payment (BIP) Program. AARP is a nonprofit, nonpartisan organization with a membership that helps people 50+ have independence, choice and control in ways that are beneficial to them and society as a whole.

Over the years, we have encouraged the Department to apply for the BIP to balance funding for home and community based services. This is especially needed for the Aged and People with Disabilities where only 22 percent of Medicaid funding goes for these services compared to 78 percent for institutional services. The state ranks 39th in the country on AARP's Long Term Services and Supports Scorecard in this category. We believe participation in this program will help the department improve service delivery.

AARP has long advocated for a true single point of entry for long term services and supports – to promote more effective nursing home diversion efforts and to reduce the number of low care needs individuals currently in nursing homes, who may have preferred home-based services. With the added support of the BIP opportunity, Kentucky can maximize the benefits of its community care system.

Additionally, BIP's financial incentive offers a powerful motivation to promote high-quality care in the most appropriate and least restrictive setting. The enhanced funds will strengthen Kentucky's long-term care infrastructure and delivery system to better administer needed services. As a result, Kentucky will deliver quality care and better outcomes for those served. Moreover, the balance between home and community-based versus institutional care will be driven by consumer preference, not institutional bias.

The increased FMAP will thus help expand home and community based services in Kentucky. We look forward to an ongoing partnership with the Department. We ask for approval of Kentucky's participation in the Balancing Incentive Program.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Bridges".

Ron Bridges  
State Director

A handwritten signature in black ink, appearing to read "Jim Kimbrough".

Jim Kimbrough  
State President

October 21, 2013

Jennifer Burnett  
Centers for Medicare & Medicaid Services  
Disabled and Elderly Health Programs Group  
7500 Security Boulevard  
Mail Stop: S2-14-26  
Baltimore, MD 21244-1850

Dear Ms. Burnett:

On behalf of the Kentucky's Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), I am pleased to endorse the Office of Health Policy's (OHPs) application as the designated lead agency of the Department for Medicaid Services, for the Balancing Incentive Program (BIP) offered by the Centers for Medicare and Medicaid Services.

We are eager to partner with OHP toward increasing Community Based-Long Term Services and Supports expenditures in the community past 50% in comparison to facility expenditures. We fully understand specific goals will include the designation of a set of No Wrong Door/Single Entry Point agencies, an informative website about LTSS options in the State; and a statewide toll-free number that connect individuals to the NWD/SEP agencies or their partners.

Specific to exploring the Level I Screening and Core Standardized Assessment requirements, DBHDID staff are already exploring the literature that empirically supports the use of an assessment specific to children versus adults who receive services in the Michelle P. waiver. Through the support of the Governor's Office of Electronic Health Information (GOEHI), the final tools will be made available on the Health Benefits Exchange website, Kynect.

We look forward to collaborating with OHP to realize the goals of the BIP, receiving a 2% enhanced FMAP for our waivers, and more importantly, improving access to CB-LTSS for Kentuckians.

Sincerely,

Mary Reinle Begley  
Commissioner

October 16, 2013

Jennifer Burnett  
Centers for Medicare & Medicaid Services  
Disabled and Elderly Health Programs Group  
7500 Security Boulevard, Mail Stop: S2-14-26  
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Kentucky's Department for Aging and Independent Living (DAIL) is pleased to endorse the Office of Health Policy's (OHP's) application for participation in the Balancing Incentive Program (BIP). DAIL is equally committed to expanding Community Based-Long Term Services and Supports (CB-LTSS) and will work closely with OHP and other stakeholders to increase community expenditures beyond the 50% benchmark.

DAIL received one of the first Aging and Disability Resource Center grants initially released by the Administration on Aging, to pilot a No Wrong Door/Single Entry Point for individuals in the community. Through additional ADRC grants, administrative dollars within the Older American's Act, and State appropriations, the ADRC network expanded state-wide and is available to individuals and their families residing in the community or a facility. Both the State office and local network are in viable positions to strengthen NWD/SEP, Information and Referral (I&R), assistance with Medicaid eligibility and enrollment in Home and Community Based waivers. Staff are also certified users of the Health Benefits Exchange system, Kynect and cross-trained within the State Health Insurance Program.

DAIL is equally committed to collaborating with stakeholders to develop an appropriate Level I screening and Core Standard Assessment specific to the Home and Community Based services waiver, which serves individuals who are elderly and/or disabled. It is a natural next step to add the process to Kynect. We are eager to join you and OHP to facilitate balance to the state's CB-LTSS and increase opportunities for individuals to receive services and supports in the least restrictive setting.

Sincerely,

Deborah S. Anderson  
Commissioner